Date Received

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS FARR POLITICAL CITY OF LA MESA PRACTICES COVERS PAGE RECEIVED

2011 MAR 3 | PM 12: 06 II APR -8 PM 3:30 Please type or print in ink. NAME OF FILER (MIDDLE) (LAST) (FIRST) MARY J KENNEDY Ε **MADRID** ART 1. Office, Agency, or Court Agency Name CITY OF LA MESA **MAYOR** Division, Board, Department, District, if applicable Your Position ▶ If filing for multiple positions, list below or on an attachment. Agency: SEE ATTACHMENT Position: _ 2. Jurisdiction of Office (Check at least one box) ☐ State Judge (Statewide Jurisdiction) ■ Multi-County _ County of ____ City of LA MESA Other _ 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2010, through December 31, Leaving Office: Date Left ____/___ 2010. (Check one) O The period covered is January 1, 2010, through the date of The period covered is ________ through December 31, leaving office. 2010. O The period covered is _______, through the date Assuming Office: Date ____/___ of leaving office. Candidate: Election Year _____ Office sought, if different than Part 1: ___ 4. Schedule Summary Check applicable schedules or "None." ► Total number of pages including this cover page: __ Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-2 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached -or-None - No reportable interests on any schedule herein and in any attached schedules is true and complete. I acknowledge this is I certify under penalty of perjury under the laws of the State of California that 3/31/2011 Date Signed _ Signatu (month, day, year)

ART MADRID MAYOR CITY OF LA MESA

FORM 700 EXPANDED STATEMENTS FOR 2010 AS NOTED ON COVER SHEET.

AGENCY POSITION

La Mesa Community Redevelopment Agency
La Mesa Public Financing Authority
San Diego Association of Governments
Metro Wastewater JPA
Alt. Bd.
Member

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
ART MADRID

Do not attach brokerage or financial statements.

► NAME OF BUSINESS ENTITY	4		► NAME OF BUSINESS ENTITY
COSTCO WHOLESA	LE CORP.	- 11	
GENERAL DESCRIPTION OF	BUSINESS ACTIVITY		GENERAL DESCRIPTION OF BUSINESS ACTIVITY
WHOLE SALE BUSIN	NESS		
FAIR MARKET VALUE			FAIR MARKET VALUE
X \$2,000 - \$10,000	\$10,001 - \$100,000		\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000	Over \$1,000,000		S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT			NATURE OF INVESTMENT
Stock Other	(Describe)		Stock Other (Describe)
Partnership O Income Re	•	,	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:			IF APPLICABLE, LIST DATE:
/ / 10	/ / 10		/ / 10 / / 10
ACQUIRED	DISPOSED		ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	,	\dashv	NAME OF BUSINESS ENTITY
AT&T			MAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF	BUSINESS ACTIVITY	Ш	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
PUBLIC UTILITY			
FAIR MARKET VALUE			FAIR MARKET VALUE
X \$2,000 - \$10,000	\$10,001 - \$100,000		\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000	Over \$1,000,000		S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT			NATURE OF INVESTMENT
⊠ Stock	(Describe)		Stock Other (Describe)
Partnership O Income Re	•		Partnership O Income Received of \$0 - \$499
	accived of \$500 or More (Report on Schedule C	, [[O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:			IF APPLICABLE, LIST DATE:
	40		
	<u></u>		<u></u>
ACQUIRED	DISPOSED	Ш	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	······································	-11	► NAME OF BUSINESS ENTITY
QUALCOM CORPOR	RATION	- 11	
GENERAL DESCRIPTION OF			GENERAL DESCRIPTION OF BUSINESS ACTIVITY
INFORMATION TECH	HNOLOGY CORP		
FAIR MARKET VALUE			FAIR MARKET VALUE
\$2,000 - \$10,000	\$10,001 - \$100,000	- i l	\$2,000 - \$10,000 \$10,001 - \$100,000
S100,001 - \$1,000,000	Over \$1,000,000		\$2,000 - \$10,000 \$10,001 - \$100,000 \$100,000
	Over \$1,000,000		[\$100,001 - \$1,000,000
NATURE OF INVESTMENT			NATURE OF INVESTMENT
Stock Other			☐ Stock ☐ Other
- <u> </u>	(Describe)		(Describe)
Partnership O Income Re	eceived of \$0 - \$499 eceived of \$500 or More (Report on Schedule C	,	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:			IF APPLICABLE, LIST DATE:
, . 40	, , 10		, , 10 , , 10
	//_10_ DISPOSED		
		1 1	
Comments:			

SCHEDULE C Income, Loans, & Business **Positions** (Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION		
Name		
ART MADRID		

NAME OF SOURCE OF INCOME				
	NAME OF SOURCE OF INCOME			
AT&T				
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)			
140 NEW MONTOGOMERY STREET S.F. CA	·			
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE			
PUBLIC UTILITY				
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION			
RETIREMENT				
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED			
☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000	\$1,001 - \$10,000			
▼ \$10,001 - \$100,000 · OVER \$100,000	S10,001 - \$100,000 OVER \$100,000			
CONCIDERATION FOR MUICIL INCOME MAD DESCRIPED	CONCIDED ATION FOR AN HOLL INCOME. MAY C. DECEMED			
CONSIDERATION FOR WHICH INCOME WAS RECEIVED Salary Spouse's or registered domestic partner's income	CONSIDERATION FOR WHICH INCOME WAS RECEIVED Salary Spouse's or registered domestic partner's income			
Loan repayment Partnership				
	Loan repayment Partnership			
Sale of(Property, car, boat, etc.)	Sale of(Property, car, boat, etc.)			
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more			
C Other				
Other(Describe)	Other(Describe)			
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER	IOD			
of a retail installment or credit card transaction, made	your official status. Personal loans and loans received			
NAME OF LENDER*				
	INTEREST RATE TERM (Months/Years)			
	_			
ADDRESS (Business Address Acceptable)	INTEREST RATE TERM (Months/Years)			
ADDRESS (Business Address Acceptable)	SECURITY FOR LOAN			
ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	%			
	SECURITY FOR LOAN None Personal residence			
	SECURITY FOR LOAN			
BUSINESS ACTIVITY, IF ANY, OF LENDER	SECURITY FOR LOAN None Personal residence Real Property Street address			
BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD	SECURITY FOR LOAN None Personal residence			
BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$1,001 - \$10,000	SECURITY FOR LOAN None Personal residence Real Property Street address			
BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000	SECURITY FOR LOAN None Personal residence Real Property Street address			
BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$1,001 - \$10,000	SECURITY FOR LOAN None Personal residence Real Property Street address			
BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000	SECURITY FOR LOAN None Personal residence Real Property Street address City Other			
BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000	SECURITY FOR LOAN None Personal residence Real Property Street address City Other			

SCHEDULE D Income - Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

ART MADRID

► NAME OF SOURCE		► NAME OF SOURCE	
SAN DIEGO REGIONAL A	IDDODT ALITHODITY	III TOURINGE OF GOOKGE	
ADDRESS (Business Address Accept		ADDRESS (Business Add	iress Amentable
3225 HARBOR DRIVE, SA	•	ADDITION (Business Aut	aross receptables
BUSINESS ACTIVITY, IF ANY, OF SC	·	BUSINESS ACTIVITY, IF	ANY OF SOURCE
AIRPORT OPERATOR	01100	DOGINEOU AGINTI II	ATT, OF COURSE
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VAL	UE DESCRIPTION OF GIFT(S)
	• ,		
1 , 1 , 10 \$ 156.00	PARKING PASS	\$	
12,31,10 \$	CITY BUSINESS	/ \$	
\$			
NAME OF SOURCE		► NAME OF SOURCE	
COX CABLE COMPANY			
ADDRESS (Business Address Accepte	able)	ADDRESS (Business Add	dress Acceptable)
350 10TH AVENUE, SAN I	DIEGO .		
BUSINESS ACTIVITY, IF ANY, OF SO	URCE	BUSINESS ACTIVITY, IF	ANY, OF SOURCE
CABLE PROVIDER			
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VAL	UE DESCRIPTION OF GIFT(S)
4 , 91 , 10 \$ 110.00	BASEBALL TKS	 / \$	
\$			
NAME OF SOURCE	· ·	► NAME OF SOURCE	
ADDRESS (Business Address Accepte	ble)	ADDRESS (Business Add	iress Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SO	URCE	BUSINESS ACTIVITY, IF	ANY, OF SOURCE
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VAL	UE DESCRIPTION OF GIFT(S)
\$			
\$		\$\$	
Comments:			

SCHEDULE E Income – Gifts Travel Payments, Advances, and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION			
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ART MADRID			

- Reminder you must mark the gift or income box.
- · You are not required to report income from government agencies.
- You may mark the box 501(c)(3) for a travel payment received from a nonprofit 501(c)(3) organization. When the payment is a gift it is reportable but is not subject to the \$420 gift limit.

NAME OF SOURCE	► NAME OF SOURCE		
LEAGUE OF CALIFORNIA CITIES			
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)		
1400 K STREET			
CITY AND STATE	CITY AND STATE		
SACRAMENTO, CA			
BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)	BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)		
ATTENDING LEAGUE BOARD MEETINGS			
DATE(S): 1 , 1 , 10 - 12 , 31 , 10 AMT: \$ 876.58	DATE(S):/		
TYPE OF PAYMENT: (must check one) Gift Income	TYPE OF PAYMENT: (must check one) Gift Income		
DESCRIPTION: REIMBURSEMENT FOR TRAVEL AND LODGING EXPENSE	DESCRIPTION:		
NAME OF SOURCE	► NAME OF SOURCE		
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)		
CITY AND STATE	CITY AND STATE		
BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)	BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)		
DATE(S):	DATE(S)://		
TYPE OF PAYMENT: (must check one) Gift Income	TYPE OF PAYMENT: (must check one) Gift Income		
DESCRIPTION:	DESCRIPTION:		
Comments:			